

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-976)**

SERIAL NO. 091914274 FILING DATE \_\_\_\_\_  
APPLICANT \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT											
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							51									
2							52									
3							53									
4							54									
5							55									
6							56									
7							57									
8							58									
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39							89									
40							90									
41							91									
42							92									
43							93									
44							94									
45							95									
46							96									
47							97									
48							98									
49							99									
50							100									
TOTAL IND.	13						TOTAL IND.			8						
TOTAL DEP.	69						TOTAL DEP.			30						
TOTAL CLAIMS	82						TOTAL CLAIMS			38						

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